

FILED AUG 8 1941

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1537**

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town St. Louis Webster  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Vincent's Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME Sister Genevieve (Catherine Murray)

3. (b) If veteran, name war. NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 29, 1854  
(Month) (Day) (Year)

8. AGE: 84 Years 86 Months 6 Days 27 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None - last 12 yrs.

11. Industry or business Religious

12. Name Michael Murray

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Cahill

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Anne, Superintendent

(b) Address St. Vincent's Sanitarium

17. (a) Burial (b) Date thereof 7 28 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marillac Cemetery

18. (a) Signature of funeral director Callan Kelly

(b) Address 7267 Natural Bridge

19. (a) JUL 26 1941 (b) 2R Muesel MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sr. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Vincent's Sanitarium  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th  
year 1941 hour 4 minute 70 M.

21. I hereby certify that I attended the deceased from Jan. 1, 1941  
to July 26 19 41.

that I last saw her alive on July 26th 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of face

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 53

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. B. Lytton (M. D. or other) 0

Address St. Vincent's Sanitarium signed 7/26/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
00

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**